MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FILING DATE

AFTER

2 MAMENDMENT

(FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER I"AMENDMENT AS FILED 2 MAMENDMENT 1" AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. | DEP. 2 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

CLAIMS

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